PHARMACRACY IN AMERICA

Thomas Szasz

In *Democracy in America*, Alexis de Tocqueville warned: "The species of oppression by which democratic nations are menaced is unlike anything that ever before existed in the world ... Above this race of men [incessantly endeavoring to procure their petty and paltry pleasures] stands an immense and tutelary power, which takes upon itself alone to secure their gratifications and to watch over their fate. ... For their happiness such a government willingly labors ... provides for their security ... facilitates their pleasures, manages their principal concerns..."

Did Tocqueville foresee the coming of pharmacracy—government informed and legitimized not by gods (theocracy), social position (aristocracy), naked force (tyranny), popular sovereignty (democracy), but by health—that is, by an ideology in which all human problems are perceived as "diseases," curable by coercions defined as "treatments"?

Evidence for the medicalization of every kind of undesirable behavior abounds. On December 16, 2003, the *New York Times* reported that the Food and Drug Administration had approved Xenical "for the treatment of obese teenagers. ("F.D.A. Moves to Let Drug Treat Obese Teenagers.") A spokesman for Hoffman-La Roche, the manufacturer, is quoted as having said that this was "good news for children who battle obesity" and that "we're thrilled with the approval."

That this development is good news for the manufacturer of the drug is self-evident. That it is catastrophic for adolescents in particular and our society in general is less obvious but more ominous. Xenical, we learn, "has several unpleasant side effects, including problems with bowel control, and it works best when combined with a low-calorie diet that limits foods high in fat." A diet low enough in calories is by definition effective in preventing obesity. If we do not expect adolescents to exercise self-control over the foods they eat, over which behaviors can we expect them to exercise self-control?

Informed by the ideologies of psychiatry and public health, medicalization legitimizes coercion as treatment. In a *Wall Street Journal* editorial, Yale University psychiatrist Sally Satel declares: "Addicts would be better off if more of them were arrested and *forced to enroll in treatment programs ... [this is] the essence of humane therapy.*" ("For Addicts, Force Is the Best Medicine," January 6, 1998, emphasis added.) The essence of pharmacracy lies precisely in such equating of freedom with medical-psychiatric control.

The Coming Pharmacracy

I first proposed the term "pharmacracy" in 1974, to complete a triad of phrases to identify that we are in the process of a profound cultural transformation, a view I began to develop in the 1950s. Prior to World War II, the American system of social controls rested on Christian moral values and was enforced by a judicial apparatus based on English common law, the Constitution, and the rule of law. Since then, our system of social controls has become increasingly dependent on the principles of a politicized medicine, and has been legitimized and enforced by a complex state apparatus that commingles the principles and practices of paternalistic "therapy," punitive psychiatry, collectivistic public health, and the criminal justice system.

To articulate this insight, in 1960 I proposed the phrase "myth of mental illness." The term was intended to lay bare that the phenomena we so label are neither mental nor illnesses, and that the measures used to remedy them are not treatments but efforts to tranquilize, pacify, and subdue the disturbing person. In 1963, I proposed the term "therapeutic state" to identify the transformation of our dominant political ideology from a democratic welfare state legitimized by the rule of law into an autocratic therapeutic state legitimized by psychiatry as a branch of medicine.

Finally, in 1974, in *Ceremonial Chemistry*, I wrote: "Inasmuch as we have words to describe medicine as a healing art, but have none to describe it as a method of social control or political rule, we must first give it a name. I propose that we call it *pharmacracy*, from the Greek roots *pharmakon*, for 'medicine' or 'drug,' and *kratein,* for 'to rule' or 'to control.' ... As theocracy is rule by God or priests, and democracy is rule by the people or the majority, so pharmacracy is rule by medicine or physicians." In a theocracy, people perceive all manner of human problems as religious in nature, sus-

ceptible to religious remedies. Similarly, in a pharmacracy people perceive all manner of human problems as medical in nature, susceptible to medical remedies.

Ideas have consequences. The principal consequences—or, perhaps more precisely, the principal characteristics—of pharmacracy are: 1) The transfer of authority for defining disease and treatment from physician to politician. 2) The deliberate blurring of boundaries between disease and non-disease, and between the medical treatment of disease and the use of medical personnel or medical technology to alter non-disease. 3) The severing of the contractual-economic relationship between the physician who delivers medical care and the patient who receives it.

Medical care is a *personal service* and a *scarce social resource.* Making the physician an agent of the state (or a third party controlled by the state), and exempting the patient from financial and personal responsibility for caring for his own health are bound to have far-reaching undesirable consequences for both parties as well as society. One such consequence is that Americans now view their health insurance as an open-ended entitlement for reimbursement for virtually any expense that may be categorized as "health care," such as the cost of birth control pills or Viagra. The cost of these services is covered on the same basis as the cost of medical catastrophes, such as treatment for the consequences of a brain tumor. Such distorted incentives produce the perverted outcomes one would expect, such as the following:

- "[Gregory] Goin is the ultimate "frequent flier," the label emergency-room workers give their most regular visitors. He has been to Highland Hospital's [in Oakland, California] emergency room more than 1,200 times since 1966, recently at the rate of once or twice a day. ... He is 47 years old, penniless, jobless, and until recently, homeless. He has a history of cocaine abuse. ... They cannot make him go away because Goin is truly ill. He has alarmingly high blood pressure that ... makes him vulnerable to strokes and heart attacks. ... Emergency-room staff hook him up to an electrocardiograph, confirm that he is within his usual readings, and admonish him to take his blood-pressure pills. On the way out, Goin tosses his prescriptions into the trash. 'He really enjoys the circus effect, the ability to have that kind of impact,' says Dr. Eric Snoey, an emergency physician." (Associated Press, "Every day the ambulance comes for Gregory," *Syracuse Herald-American,* September 9, 2001, pp. A1 & A14.)

- "A murderer awaits a cancer procedure after having a $160,000 quadruple bypass operation. ... Steve Green of the California Corrections Department says he had no choice but to allow the heart transplant on the inmate, whose name he will not release. 'He sued. The U.S. District Court ruled that he was entitled to the transplant. So we have direct court rulings saying that we will meet medical needs of our inmates.' ... 'I'm supposed to be going out anytime within the next two weeks to have a bowel re-section,' says Denton Johns, a double murderer who has diabetes and colon cancer. 'When I was at Salinas Valley, they did a $160,000 quadruple bypass on me. ... people shouldn't be shocked. ... We're in the care of the state and the state has to take care of us and do what they can to keep us alive.' ... An inmate who received a new heart in an operation that touched off a nationwide debate over the ethics of organ transplants for convicts has died at age 32, 11 months after the surgery. ... Prison officials said that the prisoner had failed to follow doctors' recommendations for maintaining his health after the transplant. ... Medical professionals defended the transplant, saying that the inmate met all medical criteria and that doctors do not have the right to make such public-policy decisions. Prison officials also cited court rulings that require them to give inmates the same medical care due other Californians. They said the transplant itself cost $850,000, while follow-up care pushed the cost to more than $1 million." (CBS - 60 Minutes, "Enviable health benefits behind bars," December 1, 2002. http://www.cbsnews.com/stories/2002/11/27/60minutes/ main531025.shtml; Associated Press, "California inmate who got new heart dies," *New York Times*, December 17, 2002. http://www.nytimes.com/aponline/national/AP-Inmates-Heart.html)

Progress and Equity

Some people are born with a healthier constitution than others, some take better care of themselves than others, and some receive better medical care than others. One need not be an expert in medicine or economics to realize that while medical science and medical technology are making rapid progress, the ethics and politics of distributing medical services are retrogressing.

- Third-party provided health care isolates the patient from the cost structure of medical services and encourages him to misuse and overuse medical services.

- Advertising diseases and drugs—euphemistically called "health education" and "drug education"—contribute to the same result.

- Family and faith-based organizations—the traditional providers of nursing care—are displaced by an incompetent corps of practical nurses and para-nursing personnel that pose an increasing hazard to the health of patients.

- Poorly educated and poorly motivated workers opt for medical disability in lieu of self-exertion and labor in a poorly paying job: "The 5.42 million people on disability pay, receiving $819 a month on average, is equal to 4 percent of those who hold jobs today. ... Back trouble and mental stress are the two most cited ailments in disability awards." (Louis Uchitelle, "Laid-off workers swelling the cost of disability pay." *New York Times,* September 2, 2002, pp. A1 & A11.)

Advertisements sponsored and paid by the government and by pharmaceutical companies "educate" people to "understand" that their cravings and dissatisfactions with life and the conduct of their unruly children and unhappy aged parents are all "diagnosable diseases"; that people who use illegal drugs, or kill themselves, or commit murder or other crimes do so because they have "untreated diagnosable mental diseases"; and that all of these "victims" and their "diseases" require medical care and supervision and treatment with drugs. Not unexpectedly, of all the diseases and treatments advertised today, none rank higher than mental diseases and psychiatric drugs to treat them, with depression and antidepressants as the leading ailments and remedies. The following account is illustrative:

- "In 1996, Kenichiro Takiguchi, a producer at Japan's biggest television broadcasting company, persuaded his bosses to air a 50-minute primetime special portraying depression as a treatable disease. ... Millions watched and more than 2,000 viewers called in afterward to thank the network. ... Today, thanks in part to Mr. Takiguchi's show and the marketing efforts of several pharmaceutical companies, many Japanese doctors have embraced the medical model of depression. ... Fujisawa Pharmaceutical Company set about effecting nothing less than a sweeping cultural change. One crucial step: altering the language with which people discussed depression. The Japanese word for clinical depression, *utsu-byo*, had unpleasant associations with severe psychiatric illness. So Meiji [drug company] and its partners began using the phrase, *kokoro no kaze,* which loosely translated mean "the soul catching a cold." The message: If you take pills to fix a stuffy nose in wintertime, why not do the same for depression? ... The origin of the phrase isn't clear, but Mr. Takiguchi's TV program had remarked that Americans took Prozac as if it were a cold medicine. ... *The message from the drug has fit well with Japan's medical culture. Japanese doctors are accustomed to loading patients with medication, and are permitted to sell drugs directly to patients, often earning hefty profits*. ... In Japan, many people including some psychiatrists who administer the drugs, dismiss Western style psychotherapy as alien to Japanese culture. *The Japanese national health insurance system pays the doctor the same amount 'for an hour-long psychotherapy session [as] it does for a quick visit to get a prescription refilled.' ...* A Japanese physician trained in the early 1990s, says, 'We weren't taught anything about how depression is increasing or how *it is the disease of the modern age.'* (Peter Landers, "Doctors, drug makers change Japan's mood about antidepressants; 'The soul catching a cold,'" *Wall Street Journal Europe*, October 9, 2002, pp. A1 and A4, emphasis added. For a similar account of manufacturing madness, see Brendan I. Koerner, "First, you market the disease ... then you push the pills to treat it," *The Guardian* [London], August 30, 2002, p. 8.)

- A public school administrator in Michigan, writes: "The aspect of Medicaid with which I deal is this: *public schools are encouraged to believe that special education teachers provide medical services, and so public schools are filing claims with Medicaid. These pseudoclaims are actually being paid, and the always-welcome monies are rolling into the school districts*... The 'call of the money' beckons. ... 'Hi, Miss Artclass. How is Freddy paying attention this morning? Ummm…that's nice.' ... None of these encounters, brief or long, are medically related, or serve medical purposes, yet I am being ordered to bill Medicaid for them. In fact, I have been ordered to over-bill, just in case Medicaid decides to under-pay. The exact wording of the principal's memo is, 'Only one service coordination activity can be approved per student per day. *Document all services rendered on the MedBill form. Medicaid covers one service per day and five per twenty days. It is suggested that you write seven*

or eight in case a few get rejected.'' (Linda Schrock Taylor, "Double-dipping: Special education and Medicaid," November 29, 2002. http://www.lewrockwell.com/orig3/taylor1.html, emphasis added.)

Occasionally, a social commentator notices the problem but draws no conclusions and apportions no blame. Jim Windolf, executive editor of the *New York Observer*, writes: "The experts won't be satisfied until every last American is suffering from some kind of disease or disorder or syndrome. If you add together all the numbers compiled in the U.S., by all the institutes, the councils, the foundations, the Ph.D.'s and authors, you come up with one sorry statistical portrait of a nation. ... So if you believe the statistics, 77% of America's adult population is a mess. And we haven't even thrown in alien abductees, road ragers or Internet addicts. ... With another new quantifiable disorder or two, everybody in America will be officially nuts." ("A nation of nuts," *International Herald-Tribune*, October 30, 1997, p. 16.)

People complain about the direction in which our health care system is heading, yet no one wants to recognize the two major sources of the problem—the medicalization of everyday life and the economically flawed nature of the production and distribution of medical services. Increasingly, patients are dissatisfied with their care, and doctors with practicing medicine. As long as the medicalization of everyday life and the bureaucratization of paying for medical care continue and indeed intensify, their undesirable consequences will continue and worsen.

Literary Warnings

Great writers foresaw this trend. Samuel Butler, H. G. Wells, Aldous Huxley, C. S. Lewis, and Adolfo Bioy Casares have all anticipated and described some of the features of the therapeutic state and the pharmacratic controls that characterize it. In his satirical dystopia, *Erewhon* (1872), Butler wrote: "As I have already said, these [persons we regard as criminals], though not judicially punishable, are recognized as requiring correction. Accordingly, there exists a class of men trained in soul-craft, whom they call straighteners, as nearly as I can translate a word which literally means 'one who bends back the crooked.' ... Indeed, the straighteners have gone so far as to give names from the hypothetical language (as taught at the College of Unreason) to all known forms of mental indisposition, and to classify them according to a system of their own, which, though I could not understand it, seemed to work well in practice; for they are always able to tell a man what is the matter with him as soon as they have heard his story, and their familiarity with the long names assures him that they thoroughly understand his case. ... I have never heard of a reasonable Erewhonian refusing to do what his straightener told him, any more than of a reasonable Englishman refusing to undergo even the most frightful operation of his doctors told him it was necessary" (pp. 72, 74-75).

In *Erewhon Revisited* (1901), Butler presciently debunked the now virtually unchallenged poppycock that the "discovery of Thorazine [is] as significant in the history of medicine as the discovery of penicillin," and that "in their short lifespan they [antipsychotic drugs] have revolutionized psychiatry.") He wrote: "No more swearing. No more bad language of any kind. A lamblike temper ensured in about twenty minutes, by a single does of one of our spiritual indigestion tabloids. In cases of all the more ordinary moral ailments, from simple lying to homicidal mania, in cases again of tendency to hatred, malice, and uncharitableness; or atrophy of the sympathetic instincts, etc., our spiritual indigestion tabloids will afford unfailing and immediate relief" (p. 242).

Wells' novel, *Men Like Gods* (1923), is a futuristic travelogue to a Utopian society, based wholly on reason and science, constructed after horrendously destructive wars. Urthred, the guide, explains that the members of that society feel no need for social controls: "[T]here was no such concentration of authority in their world. In the past there had been, but it had long since diffused back into the general body of the community. *Decisions in regard to any particular matter were made by people who knew most about that matter."*

> "But suppose [asks Mr. Cecil Burleigh, the visiting "earthling"] it is a decision that has to be generally observed? A rule affecting the public health? Who would enforce it?"
>
> "It would not need to be enforced. Why should it?"
>
> "But suppose someone refused to obey your regulation?"
>
> "We should inquire why he or she did not conform. There might be some exceptional reason."
>
> "But failing that?"
>
> "We should make an inquiry into his mental and moral health."
>
> "The mind doctor takes the place of the policeman," said Mr. Burleigh...
>
> *"The activities of our world," said Urthred, "are all coordinated to secure the general freedom*" (pp. 57-58, emphasis added).

Toward the end of *Brave New World* (1932)—the world in which all conflicts and discomforts have been eliminated—the human remnant Huxley calls the Savage, and the Controller, Mustapha Mond, engage in the following dialogue:

> ... "We prefer to do things comfortably" [said the Controller].
>
> "But I don't want comfort. I want God, I want poetry, I want real danger, I want freedom, I want goodness, I want sin."
>
> "In fact, said Mustapha Mond, "you're claiming the right to be unhappy."
>
> "All right, then," said the Savage defiantly, "I'm claiming the right to be unhappy" (p. 246).

More recently, C. S. Lewis (1953/1970) warned: "Of all the tyrannies a tyranny sincerely exercised for the good of the victims may be the most oppressive ... To be "cured" against one's will and cured of states which we may not even regard as disease is to be put on a level with those who have not yet reached the age of reason or those who never will; to be classed with infants, imbeciles, and domestic animals. ... For if crime and disease are to be regarded as the same thing, it follows that any state of mind which our masters choose to call "disease" can be treated as a crime; and compulsorily cured ... Even if the treatment is painful, even if it is life-long, even if it is fatal, that will be only a regrettable accident; the intention was purely therapeutic." (*God in the Dock: Essays on Theology and Ethics*, edited by Walter Hooper (Grand Rapids, MI: William B. Eerdmans, 1970, pp. 292-293.)

In our own day (1986), Adolfo Casares observed: "Well then, maybe it would be worth mentioning the three periods of history. When man believed that happiness was dependent upon God, he killed for religious reasons. When he believed that happiness was dependent upon the form of government, he killed for political reasons. ... After dreams that were too long, true nightmares. ... we arrived at the present period of history. Man woke up, discovered that which we always knew, that happiness is dependent upon health, and began to kill for therapeutic reasons. ... It is medicine that has come to replace both religion and politics in our time." (Adolfo Bioy Casares, "Plans for an escape to Carmelo," *New York Review of Books*, April 10, 1986, p. 7.)

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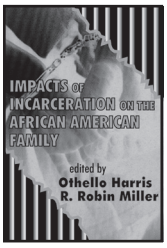

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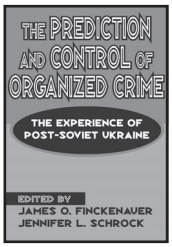
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